

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	FLUID INJECTION APPARATUS WITH IMPROVED CONTRAST VISUALIZATION
Attorney Docket Number::	29985/01-040I
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:	Inventor
Primary Citizenship Country:	US
Status:	Full Capacity
Given Name:	Colin
Middle Name:	P.
Family Name:	Hart
City of Residence:	Queensbury
State or Province of Residence:	NY
Country of Residence:	US
Street of mailing address:	21 Fox Hollow Lane
City of mailing address:	Queensbury
State or Province of mailing address:	NY
Postal or Zip Code of mailing address:	12804-1143

Applicant Authority Type: Inventor
Primary Citizenship Country: US
Status: Full Capacity
Given Name: Valerie
Middle Name: M.
Family Name: Castora
City of Residence: Fort Ann
State or Province of Residence: NY
Country of Residence: US
Street of mailing address: 38 Outatha Way
City of mailing address: Fort Ann
State or Province of mailing address: NY
Postal or Zip Code of mailing address: 12827

Correspondence Information

Correspondence Customer Number: 04743

Representative Information

Representative Customer Number: 04743

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Continuation of	09/797,473	03/01/01

Assignee Information

Assignee name: SCIMED LIFE SYSTEMS, INC.
Street of mailing address: One Scimed Place
City of mailing address: Maple Grove
State or Province of mailing address: MN
Postal or Zip Code of mailing address: 55311-1566